POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Bm*		10-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*Kd*	70)	4/15/01

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
−	(Through numeral) Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

Claim		Date									
Final	Original										
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If more than 150 claims or 10 actions
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